

The Data is Clear: Covid mRNA Vaccination Does Not Protect Against Severe Hospitalization And Death

By vnninfluencers | Jan. 31st, 2024

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Guest post by [Dr. Pierre Kory](#)

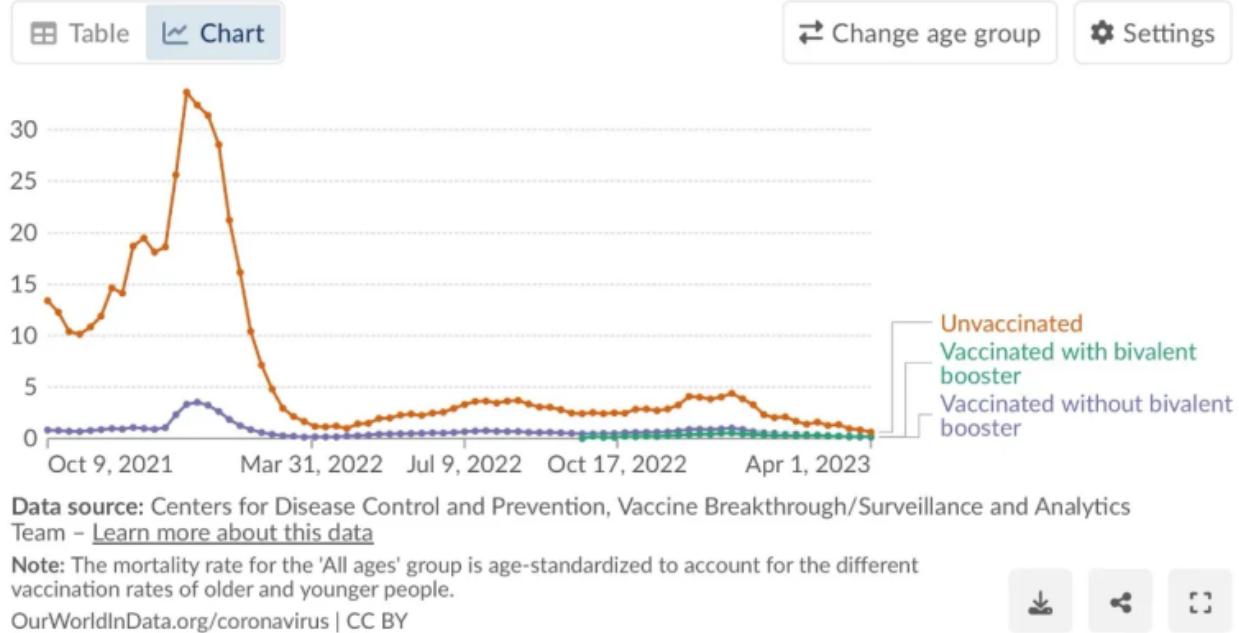
The point of the article which references these data is to show the U.S data is corrupted.

***The data below are not comprehensive or up-to-date, but I believe sufficient to prove my point. Taken from posts I wrote in [June](#) and [August](#) of 2022. I long ceased to track such data, not only because, in my mind, the vaccines were already proven and dangerous failures, but also because many national health services ceased posting data which allowed us to compare the fates of the vaccinated and unvaccinated (thinking of you ONS and Scotland).*

United States: COVID-19 weekly death rate by vaccination status, All ages

Our World
in Data

Death rates are calculated as the number of deaths in each group, divided by the total number of people in this group. This is given per 100,000 people.



EFFICACY OF COVID VACCINES IN PROTECTION FROM SEVERE DISEASE

CDC data shows that there is no statistically valid evidence that they prevent severe disease or deaths in children. Current mRNA injections were formulated based on the original Wuhan strain and were not tested for benefits against current variants in clinical trials. Which begs the question as to what can be accomplished by vaccinating small children with an outdated vaccine.

In Ireland, in March of 2022, during the milder Omicron variant wave, there were more people in Irish hospitals than at any point in the previous 12 months. This occurred despite the fact that nearly 95% of all adults in Ireland are fully vaccinated, and nearly 100% of seniors are vaccinated and boosted.

In Scotland, on page 29 of their recent national COVID-19 report, the data revealed that **the vaccinated were dying and being hospitalized at higher rates than the unvaccinated**. Note that Scotland has since made the decision to no longer publish these comparative data for “concerns that they are being misinterpreted”. Although it is true, as I noted above, that numerous variables beyond vaccination status may contribute to explaining these differences, I find

it troubling (similar to the Department of Defense actions mentioned above) that the decision to stop publishing these data occurred *only after a negative efficacy against severe disease and death was found*.

In Israel, the Director of a major hospital recently declared that the fully vaccinated are not protected against severe illness.

NSW Health in New South Wales, the most populated of Australian states at 8.1 million inhabitants, reported that 97 out of 98 COVID-19 deaths occurring over the previous two weeks involved fully vaccinated persons. Moreover, those that had **three doses appeared most at risk for hospitalization admission, ICU transfer, and death**.

These data are consistent with the recent report published in the New York Times which stated “despite strong levels of vaccination among older people, COVID killed them at vastly higher rates during this winter’s Omicron wave than did last year, preying on long delays since their last shots and the *variant’s ability to skirt immune defenses*.” I must add that these higher rates of death in the elderly are also seen in the boosted.

The conclusion of a recent Danish study in the prestigious Lancet found that in long-term follow-up of over 74,000 adult participants in the Moderna and Pfizer trials there was **no all-cause mortality benefit from the two mRNA shots**.

In a recent, large Veterans Administration study, investigators discovered disturbing evidence: by month six after a SARS-CoV-2 infection, **beyond the first 30 days of illness, vaccinated persons with breakthrough infections were at higher risk of death** (hazard ratio (HR) = 1.75, 95% confidence interval: 1.59,1.93).

NATURAL IMMUNITY

For those with natural immunity already, the data in support of further vaccination is even worse: The most recent review of data supporting the protection of natural immunity, compiled from over 150 research studies, found that natural immunity provided equal or superior protection against not only contracting the disease, but also against hospitalization and death.

Further, **vaccinated individuals are far more likely to get re-infected with COVID compared to those with natural immunity.** A [new preprint](#) study from Bangladesh found that among 404 people re-infected with COVID, having been vaccinated made someone 2.45 times more likely to get re-infected with a mild infection, 16.1 times more likely to get a moderate infection, and 3.9 times more likely to be re-infected severely, relative to someone with prior infection who was *not* vaccinated. Although overall re-infections were rare, vaccination was a greater risk factor of re-infection than co-morbidities.

A new study from Harvard, [*Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance*](#), tracked vaccinated and unvaccinated Massachusetts healthcare workers and showed 0 infections in 74,557 person-days for previously infected patients compared to 49 infections out of 830,084 person-days for fully vaccinated patients.

A [study published in the New England Journal of Medicine](#) assessed a cohort of 1,304 patients meeting a very strict definition of “re-infection.” In this cohort, there were no deaths and no ICU admissions during reinfections while 7 deaths and 28 ICU admissions occurred during the primary infections. Overall, there was a statistically significant 90% reduction in the composite outcome of severe, critical, or fatal disease during reinfections. Further, amongst all ages, [CDC found that natural immunity offered equal protection](#) against hospitalization.

Thus, in terms of benefits, based on the most up-to-date data, the current crop of mRNA vaccines against Omicron confer either rapidly waning efficacy or negative efficacy, and not only do they no longer protect against severe disease, **my interpretation of these data is that they appear to be raising the risk of severe disease and death.** I would advise extreme caution given that, currently, in the U.S, the prevalence of the B4/5 variant [appears to be doubling every week](#) in the past month, now comprising approximately 8% of cases.

In regards to the current variant B4/5, my rapidly evolving clinical experience and those of my network of colleagues is that **the vaccinated are contracting more severe illness** and are less quickly responding to combination anti-viral and anti-inflammatory therapies.

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